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Your Ref.: _____ Date: February 28, 2007
To: Examiner Xie, X. - TC/A.U. 1646
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From: Mary J. Wilson

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Mary J. Wilson
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REFERENCE AND CREDIT CARD PAYMENT FORM**

MESSAGE:

In re Patent Application of:

SEMPOWSKI et al
Serial No. 10/673,667
Filed: September 30, 2003
For: THYMIC ATROPHY

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Feb 28 2007 05:33pm P002

In re Patent Application of

Atty MJW-01579-0861

Dkt.

C# M#

SEMPOWSKI et al

TC/A.U. 1646

Serial No. 10/673,667

Examiner: Xie, X.

Filed: September 30, 2003

Date: February 28, 2007

Title: THYMIC ATROPHY

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

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☐ **Correspondence Address Indication Form Attached.**

Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number	
previously paid for	20	(at least 20) =	0 x \$50.00
			\$0.00 (1202)/\$0.00 (2202) \$
Independent claims after amendment	0	minus highest number	
previously paid for	3	(at least 3) =	0 x \$200.00
			\$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$360.00 (1203)/\$180.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
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One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$450.00 (1252)/\$225.00 (2252)
Three Month Extensions \$1020.00 (1253)/\$510.00 (2253)
Four Month Extensions \$1590.00 (1254)/\$795.00 (2254)
Five Month Extensions \$2160.00 (1255)/\$1080.00 (2255) \$

Terminal disclaimer enclosed, add
\$130.00 (1814)/\$65.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 180.00

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NIXON & VANDERHYE P.C.
By Atty: Mary J. Wilson, Reg. No. 32,955

Signature: _____

Mary J. Wilson

In re Patent Application of

Atty MJW-01579-0861
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